

# Administrative/Regulatory Relief Work Group Meeting Minutes

August 6, 2013

## Opening Remarks

Chuck Monson opened the meeting by thanking Alexis for being a great co-chair and an advocate for the work group. He mentioned during the telephone conference meeting that we are continuing to build on previous meetings and are very fortunate to have Rob Kent, Steve Hanson, Pat Lincourt and Ilyana Meltzer presenting today to walk us through the various topics in the agenda.

Alexis thanked Chuck for his kind words. She indicated that the topics on the agenda were of great concern to the providers and, since Rob was under a tight time frame, we would move forward with the agenda.

## Health Care Reform – Rob Kent

Key points mentioned included:

- Should be implemented sometime next year.
- Seeking Federal State Plan Amendment (SPA) approval to move from a clinic model to a rehabilitation mode, including allowing offsite services.
- Require that LOCATDR 3 be used by managed care plans.
- HARP concept for high needs individuals – community transition (moving costs, vocational educational, use of peer support).
- Approach appears to be consistent with what matters to the field (based on the Summary of Insurance/Managed Care Issues submitted by Debbie Pantin and Alexis Gadsden).
- Regarding offsite services, providers must be able to document services billed no matter what type of service or where the service is provided. Limits will be set for offsite services. The decision as to whether or not to provide offsite services will have to be made at the program level.
- In regard to the *Draft* Part 822 Outpatient and Opioid Treatment Programs Regulation, Rob indicated that although he received many comments, they are all similar in nature. He expects the regulation to be promulgated prior to the implementation of the managed care system. Additional amendments will be forthcoming, i.e., Parts 819, 800, etc., and those regulations are anticipated to be in place and operating before full implementation of the managed care system as well.

## Medical Necessity (Pat Lincourt)

Key points included:

- OASAS continues to work with OMH and DOH in regard to medical necessity.
- Work Group looking at social services law and building a medical necessity path to go down. Rehabilitation and social support services are important, especially in how we interpret them.
- Approach – lay out goals for each level of care (will share with this group as soon as possible).
- There is a Metrics Work Group looking at measures and plans to hold providers accountable (no information at this point to share).
- Very prescriptive language for need for stabilization is really important.

### **LOCADTR 3 (Pat Lincourt)**

- The latest version of LOCADTR 3 (7/30/13) was distributed to work group members via e-mail prior to the meeting.
- OASAS is working with the National Center on Addiction and Substance Abuse at Columbia University (CASA) to refine the tool -- cognitive testing was conducted one week prior to this meeting; questions regarding line staffing will require some changes.
- Overall, revisions will be necessary and the final product will be placed into a more user friendly web-based tool.

### **DSM-V (Steve Hanson)**

Key points included:

- Will be standard for the field.
- Changes include the removal of: multi-axis system, substance abuse use/dependency, and poly-substance abuse.
- Legal entanglements replaced with craving criteria.
- OASAS will issue a document outlining OASAS' perspective to accept DSM-IV or V until January 15, 2014 wherein only DSM-V will be acceptable thereafter.
- DSM-V will require regulation changes and training.

### **Justice Center Update (Rob Kent)**

#### **Incident Review**

- Effective June 30, 2013.
- Can no longer use the OASAS Incident Review forms (TRS-26 or SQA-53). Abuse/neglect and significant incidents must be reported to the Justice Center and to the appropriate OASAS Field Office.
- The Justice Center will investigate abuse/neglect incidents and will forward significant incidents to OASAS for appropriate follow up.
- The Justice Center submits incidents to OASAS so providers no longer need to send them in to Counsel's Office.
- Providers must keep track of their own incidents reported to the Justice Center and should use the [Justice Center web form](#), especially when multiple mandated reporters are involved. Please see [Part 836 Incident Reporting in OASAS Certified, Licensed, Funded or Operated Services Regulation](#) for requirements on incident reporting.
- Available resources include:
  - [Justice Center Web Pages](#)
  - [OASAS Justice Center Web Pages](#)
    - [OASAS Justice Center FAQs](#)

#### **Criminal Background Checks (CBC)**

Key points included:

- Over 300 criminal histories have already been reviewed.
- Providers should contact OASAS Counsel if they are experiencing issues with scheduling appointments with Morpho Trust.

- SEL Check Request should only be submitted on an individual that a provider is seriously considering hiring. A [SEL Check Request Form \(PAS-120\)](#) should **not** be submitted for everyone that a provider has interviewed.
- Providers are encouraged to gather as much information about the rehabilitation information of an individual they are considering hiring when forwarding the [CBC Form \(PAS-121\)](#) to the CBC Unit of OASAS.
- Legal Action Center is a good resource. Providers were reminded of the Learning Thursdays link on the OASAS website regarding [Criminal Background Check for OASAS Providers and Staff: Demystifying the Process](#).

### **Draft Part 822- Chemical Dependence Outpatient and Opioid Treatment Programs Summary of Provider Comments Update (Ilyana Meltzer)**

Key points included:

- The OASAS Technical Assistance and Systems Reforms Unit put together a comprehensive side-by-side document detailing the changes between the current Part 822 regulation and the draft Part 822 regulation. During January-April 2013, the bulk of the work compiling the Summary of Provider Comments was done. An initial overview was conducted in January; comments from providers were solicited in March and the summary compiled in April. The final document was submitted to OASAS Counsel on July 11<sup>th</sup>
- There will be another opportunity to submit additional comments during the “public comment period”; however, if you wish to send additional comments before then, you may submit them directly to Chuck Monson, who will then forward them to Counsel.

#### **Olmstead Decision (Steve Hanson)**

Steve gave a brief overview of the 1999 Supreme Court ruling in *Olmstead v. L.J.* The decision held that unnecessary institutionalization of individuals with disabilities violates the Americans with Disabilities Act. The ruling found that individuals should be allowed to receive services and supports in the most integrated setting appropriate to their needs.

OASAS is directly affected by this decision and is currently in discussions with the Olmstead people to explain how our system works, medical necessity, the need for such settings as opposed to home, expected time frames, etc. As more information becomes available, OASAS will update the field as more information becomes available.

#### **Internal Controls (Sandra Schleicher)**

Sandra gave a brief introduction and background to providers in regard to Internal Controls. With all of the changes to our system that has recently occurred and those that will soon be implemented, she would like to demonstrate to providers ways to mitigate the risks they will be encountering. She anticipates presenting this material at the next face-to-face meeting scheduled for December.

#### **Wrap Up**

Steve thanked everyone for their participation via telephone and the work group agreed to meet in person for the next meeting that is scheduled for December 10, 2013, in the Albany office from 10:30 to 1:30.